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PTO/SB/01 (10-00)

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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration  
Submitted  
With Initial  
Filing

OR

☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number	5196-01 FSP
First Named Inventor	Gail M. Cunningham
<b>COMPLETE IF KNOWN</b>	
Application Number	1
Filing Date	Herewith
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**Fluid-Borne Noise Suppression in an Automotive Power Steering System**

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto
60/200,122	04/27/2000	

[Page 1 of 2]

Budget Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

10-10-01 10:25 From-  
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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to ☐ GPO Number or Bar Code Label **23398** OR ☐ Correspondence address below

Name **Reising, Erhington, Barnes, Kistelle, Learman & McCulloch, PC**

Address **PO Box 4390**

Address

City **Troy** State **Michigan** Zip **48069-4390**

Country **US** Telephone **(248) 889-3500** Fax **(248) 889-4071**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that making false statements and this has been made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements truly compromise the validity of the application of any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR ☐ A person has been filed for this unsigned inventor

Given Name (first and middle (if any)) **Gail M.** Family Name or Surname **Cunningham**

Inventor's Signature *Gail M. Cunningham* Date **4/23/01**

Residence: City **Oxford** State **MI** Country **US** Citizenship **US**

Mailing Address **1149 Brookside Court**

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City **Oxford** State **MI** Zip **48371** Country **US**

NAME OF SECOND INVENTOR ☐ A person has been filed for this unsigned inventor

Given Name (first and middle (if any)) Family Name or Surname

Inventor's Signature Date

Residence: City State Country Citizenship

Mailing Address

Mailing Address

City State Zip Country

☐ Additional inventors are being named on this application. Additional inventor(s) name(s) PTO/USPOA required name

2025 RELEASE UNDER E.O. 14176

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PTO/SB/81 (10-00)  
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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	Herewith
First Named Inventor	Gail M. Cunningham
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint.

☐ Practitioners at Customer Number

23398

Place Customer  
Number Bar Code  
Label here

☒ Practitioner(s) named below

Name	Registration Number
Robert C. Collins	27,430
William J. Waugaman	20,304
Robert M. Leonardj	27,815
Phillip A. Rotman II	38,290

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.  
OR

☒ Firm or  
Individual Name

Robert C. Collins

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I am the

☒ Applicant.

☐ Assignee of record of the entire interest See 37 CFR 3.71.

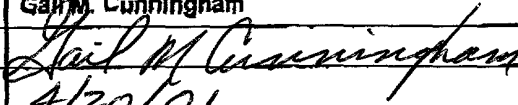
Certificate under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Name

Gail M. Cunningham

Signature



Date

4/20/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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